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TO: U.S. Patent & Trademark Office
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FROM: Michael J. Guzniczak (Reg. No.: 59,820)

RE: U.S. Application No. 10/536,866
Attn: Examiner W. Tsui
Group Art Unit 2178
Atty. Docket No. 00862.521154.

FAX NO.: (571) 273-8300

DATE: July 16, 2007

NO. OF PAGES: 14
(including cover page)

TIME: 4:50 pm

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MESSAGE

**Transmitted herewith is an Amendment And Statement Of Substance Of Interview and an
Amendment Transmittal in response to the Office Action dated April 16, 2007.**

I hereby certify that this correspondence is being facsimile transmitted
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

July 16, 2007

(Date of Transmission)

Michael J. Guzniczak (Reg. No. 59,820)

(Name of Attorney for Applicant)



Signature

July 16, 2007

Date of Signature

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JUL 16 2007

In re Application of:

YASUHIITO NIKURA, et al.

Application No.: 10/536,866

§ 371(c) Date: May 27, 2005

Docket No. 00862.521154.

Examiner: W. Tsui

Group Art Unit: 2178

Date: July 16, 2007

For: DATA PROCESSING APPARATUS AND DATA PROCESSING METHOD, AND COMPUTER PROGRAM

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment And Statement Of Substance Of Interview in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 22	MINUS	** 38	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						Previously Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Page 1 of 2

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael J. Guzniczak
Attorney for Applicants
Registration No.: 59,820

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New York, New York 10112-3800
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Form #120

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00862.521154.

PATENT APPLICATION**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:)
: Examiner: W. Tsui
YASUHITO NIKURA, et al.)
: Group Art Unit: 2178
Application No.: 10/536,866)
:
§ 371(c) Date : May 27, 2005)
:
For: DATA PROCESSING)
: APPARATUS AND DATA)
: PROCESSING METHOD, AND)
: COMPUTER PROGRAM) July 16, 2007

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**AMENDMENT
AND
STATEMENT OF SUBSTANCE OF INTERVIEW**

Sir:

In response to the Office Action dated April 16, 2007, please amend the
above-identified application as follows:


I hereby certify that this correspondence is being facsimile transmitted
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

July 16, 2007

(Date of Transmission)

Michael J. Guzniczak (Reg. No. 59, 820)

(Name of Attorney for Applicant)



Signature

July 16, 2007

Date of Signature